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INFORMATIONAL LETTER #95-13

DATE: September 29, 1995
TO: ALL SKILLED NURSING FACILITIES
FROM: JOHN W. HATHAWAY, Chief
Bureau of Facility Standards
SUBJECT: FLU VACCINATIONS

Recently we received two reminders that the flu season is upon us again. The first one was when several of our surveyors called in sick. The second one came from the Health Care Financing Administration. We are taking this opportunity to share with you these two fact sheets concerning flu vaccination.

We encourage you all to immunize your residents against the flu.

JOHN W. HATHAWAY, Chief
Bureau of Facility Standards

JWH/nah
Enclosures

cc: Idaho Health Care Association
Loretta Todd, R.N., Supervisor-Long Term Care Unit

HCFA FLU VIRUS ALERT FOR NURSING HOMES

Important Information Regarding Influenza Outbreaks in Nursing Homes

August 14, 1995

Influenza (commonly called “the flu”) is a viral infection of the respiratory system. Symptoms of the flu include a *sudden onset* of fever, muscle aches, headache, stuffy head, runny nose, cough, sore throat, and general weakness.

Most younger people who get the flu recover completely within one to two weeks. However, when older people, and those with certain chronic health problems, get the flu they are much more likely to be seriously ill or die, either as a direct result of the flu infection itself, or from a complication such as pneumonia. In an average year thousands of people in the United States die as a result of flu infections, and many more are hospitalized with pneumonia or other complications.

Taking a flu vaccine every year is **the best way** to prevent the flu and its related complications.

The flu is of particular concern for people who live in nursing homes. Residents of nursing homes are generally older people, and many of them have one or more chronic health problems. Furthermore, because they often live in close quarters with other residents, and are also in contact with many other people such as visitors and staff members of the home, their chances of being exposed to the flu may be greater. If someone in the home catches the flu, it can easily spread to many other people, causing an outbreak.

When a flu outbreak occurs in a nursing home, more than half of the residents may become infected. Many of those who

become ill will require special medical care and many need to be hospitalized. In some nursing home outbreaks as many as one third of the infected residents have died. Therefore, it is extremely important to prevent such outbreaks from occurring.

Although the flu vaccine is not 100% effective in preventing a person from catching the flu, many studies have shown that nursing home residents who get the flu vaccine are less likely to become ill, and are much less likely to have a serious complication, be hospitalized, or die if they do become infected. Such studies have also shown that when most of the residents of a home are vaccinated, the chances of an outbreak occurring in that home are very small. Thus, by receiving a yearly flu shot, residents not only provide protection for themselves, but also help to provide protection for all the residents in the home.

It is just as important for nursing home staff to be vaccinated as it is for the residents. Nursing home staff can easily transmit the virus from patient to patient, increasing the risk of outbreak.

Unfortunately, some people avoid getting the flu vaccine because they worry about serious side effects, or have heard that the shot may give them the flu. Because the flu vaccine is made only from killed viruses, it is impossible to catch the flu from taking the vaccine. While it is true that in the past the flu vaccine did cause side effects in some people, modern manufacturing techniques have

made it possible to produce flu vaccines that cause little discomfort for most people (other than some soreness or redness on the arm where the shot was given.) About one in twenty people may also have a mild reaction such as a slight fever or muscle aches for a day or two after getting the shot. The flu vaccine normally takes about two weeks to fully protect those residents who receive it.

►
PERSONS WITH SEVERE EGG ALLERGIES *SHOULD NOT* RECEIVE THE FLU VACCINE
►

For people who do not have such an allergy, the potential benefits from taking the flu vaccine far outweigh any risk of serious side effects.

The Medicare program is working to reduce the number of outbreaks by providing reimbursement for flu vaccinations for those persons with Part B coverage.

The attached fact sheet should answer many common questions regarding reimbursement of flu vaccinations provided in nursing homes.

We need your help to ensure that this valuable benefit is available to all Medicare beneficiaries who are residents of your facility. Please contact your HCFA Regional Office for more information.

Information compiled by: Nancy Arden, M.N., Chief-Influenza Epidemiology, CDC-Atlanta.

HCFA FLU VACCINE REIMBURSEMENT FACT SHEET

Information Regarding Medicare Reimbursement of Flu Vaccinations

August 14, 1995

Coverage

- Medicare Part B began paying for flu virus vaccines on May 1, 1993.
- Coverage of the vaccine and its administration is available only under Medicare Part B regardless of the setting in which it is furnished.
- There are no Medicare coinsurance or deductible amounts to pay (as long as the person administering the vaccine agrees not to charge more than Medicare pays). Medicare pays those amounts, as well as reimbursing both the vaccine and the administration of the shot.
- Typically, flu vaccines are administered once a year in the fall or winter.
- Medicare does not require a physician's order or supervision for payment. (Such requirements may, however, be mandated by state regulations. Check with your State Health Department).
- If **Medicaid** is paying for the nursing facility stay, and the beneficiary does not have Part B, the cost of the shot would be included in the per diem reimbursement the State Medicaid agency pays the facility.
- If the nursing facility resident has **neither** part B of Medicare **nor** Medicaid, the patient would be responsible for paying for the flu shot.
- If the nursing facility has a Medicare provider number, (i.e., it files claims with the Medicare intermediary for Part A covered services), it may bill the intermediary:
 - @ on a HCFA-1450. (Nursing facilities that bill for 5 or more patients a day may submit a simplified "roster" bill.);
 - @ use revenue code 636 for the vaccine;
 - @ use revenue code 771 for the administration of the vaccine;
 - @ use diagnosis code V04.8;
 - @ use HCPCS code 90724 for the vaccine; and
 - @ use HCPCS code G0008 for administration of the vaccine.
- If the nursing facility has neither a provider nor supplier number, it must contact the local Medicare carrier to

obtain a supplier number. It may then bill the carrier:

- @ on a HCFA-1500. (Nursing facilities that bill for 5 or more patients a day and which accept assignment for influenza vaccination claims may submit a simplified "roster" bill.);
- @ use diagnosis code V04.8;
- @ use HCPCS code 90724 for the vaccine; and
- @ use HCPCS code G0008 for administration of the vaccine.

Simplified "Roster" Billing

- To alleviate concerns expressed by some Public Health Clinics (PHCs) and other properly-licensed individuals and entities which bill Medicare sporadically, the Health Care Financing Administration (HCFA) initiated a simplified carrier billing process in 1993.
 - PHCs and other properly-licensed individuals and entities qualify to use the simplified process if they: (1) conduct mass vaccination programs (at least 5 beneficiaries on the same day is required); and (2) agree to accept assignment for flu vaccination claims.
 - To bill carriers using this process, use Form HCFA-1500. For intermediaries, use for HCFA-1450 with standardized information relative to the provider/supplier preprinted.
 - Mass immunizers should attach a standard roster to a single pre-printed HCFA-1500 or HCFA-1450 which contains variable claims information necessary for processing each claim.
 - For more information mass immunizers can contact their local carrier or intermediary.
 - Providers/suppliers that do not mass immunize should continue to bill for the flu vaccine using the normal billing method i.e., submission of a HCFA-1450, HCFA-1500 or electronic billing for each beneficiary.
- ### Managed Care
- If the beneficiary is enrolled in a Medicare contracted health maintenance organization (HMO), he/she, must obtain the shot through the plan providers, otherwise, the

beneficiary will be responsible for payment. HMO enrollees should check with their plan to determine if they are "locked-in" to plan providers for their flu shot. If not locked in, the flu shot may be obtained from any qualified provider.

- HMOs that furnish flu vaccinations to nonmember Medicare beneficiaries are treated as suppliers and may bill the carrier. The carrier would need to issue a supplier number to the HMO. Specialty code 99 is acceptable for an HMO. The HMO is able to use simplified billing if flu vaccinations are the only Medicare-covered services furnished by the HMO to nonmember Medicare Patients.

Please contact your HCFA Regional Office if you have any questions:

Region I: Boston, MA (617) 565-1188 (ME, NH, VT, MA, CT, RI)

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